PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

07/24/2003 HTECKLU1 00000061 10624938

01 FC:1004   750.00 OP
02 FC:1205   252.00 OP

Adjustment date: 10/01/2003 TLUU11
07/24/2003 HTECKLU1 00000061 10624938
02 FC:1205   -252.00 OP

10/01/2003 TLUU11   00000002 10624938

01 FC:1205   198.00 OP

Repln. Ref: 10/01/2003 TLUU11   0013200900
DA#:041415   Name/Number:10624938
FC: 9204 $54.00 CR

PTO-1556
(5/87)

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number
1453/US/2

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x $ =	$0	x $ 18 =	$252
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 3	• 0 =	x $ =	$0	x $ 84 =	$0
			Basic Fee (37 CFR	$375			$750
			Total Filing Fee	$375			$1,002

or

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j)	***	MINUS	••	• =	x $ 9 =	$0	x $ 18 =	$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x $ 42 =	$0	x $ 84 =	$0
				Total Additional Fee	$0	OR		$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No._____ in the amount of _____ .
A duplicate copy of this sheet is

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 04-1415_____ .
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of $ 1,002_____ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

21 July 2003
Date

Signature of Applicant, Attorney or Agent of Record

Gary M. Polumbus, Reg. No. 25,364
Typed or printed name